

United States District Court  
Eastern District of Missouri  
111 South Tenth Street  
Suite 3.300  
St. Louis, Missouri 63101

James G. Woodward  
Clerk of Court

Phone: 314-244-7900

January 23, 2009

Shawn Williams  
#176269  
ERDCC  
Eastern Reception Diagnostic and Correctional Center  
2727 Highway K  
Bonne Terre, MO. 63628

Re: Williams v. Garrett et al  
Case No.: 4:08-cv-1987 DDN

Dear Mr. Williams:

On January 23, 2009, the Court entered an order dismissing the above styled matter. If you wish to appeal the order, you must file a notice of appeal in accordance with the Federal Rules of Appellate Procedure. Additionally, you must do one of the following:

(1) immediately pay the full \$455 filing and docketing fees for the appeal to this Office, or

(2) obtain permission from the Court to file the appeal in forma pauperis, make an initial partial payment of the filing and docketing fees, and then pay the remainder of the fees on an installment basis.

**These provisions apply even if you were allowed to file the complaint in this case in forma pauperis.** In forma pauperis status does not carry over to the appeal. Before an appeal can be processed, you must select and follow through on one of the above listed steps.

If you elect to immediately pay the full fees, please submit a money order, check, or cash in the amount of \$455 with your notice of appeal to this Office. Checks and money orders are to be made payable to: "Clerk of the United States District Court."

If you choose to proceed in forma pauperis and want permission to pay the fees with an initial partial payment and subsequent monthly installment payments, you must do

all of the following at the time you file your notice of appeal:

1. complete and submit the enclosed motion for leave to appeal in forma pauperis and affidavit in support, and

2. provide a certified copy of your prison account statement for the last 6 months.

If you fail to send the required motion and affidavit in support, and a certified copy of your prison account statement, the Court will deny you leave to proceed in forma pauperis on appeal.

**If you are granted leave to appeal in forma pauperis, the Court will assess an initial partial filing fee.** The initial partial payment will be in the amount which is 20% of the greater of:

(a) the average of the monthly deposits into your trust account during the last six months, or

(b) the average of the monthly balance of your trust account during the past six months.

You will then be liable for payment of the balance of the \$455 filing and docketing fees in monthly installments.

If you choose to file an appeal, you must comply with these directions. If you have any questions please contact this office.

Sincerely,  
JAMES G. WOODWARD, CLERK

By \_\_\_\_\_  
Deputy Clerk

Enclosures

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI**

Plaintiff(s),

**VS.**

**Defendant(s).**

Case No. \_\_\_\_\_

## **NOTICE OF APPEAL**

Notice is hereby given that \_\_\_\_\_,  
appeal(s) to the United States Court of Appeals for the Eighth Circuit from the final judgment entered  
in this action on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature of plaintiff(s)**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI

Plaintiff,

**VS.**

**Defendant(s).**

Case No. \_\_\_\_\_

**MOTION TO PROCEED IN FORMA PAUPERIS ON APPEAL**  
**AND AFFIDAVIT IN SUPPORT – PRISONER CASES**

I, \_\_\_\_\_ declare (1) that I am the \_\_\_\_\_ in this case; (2) that because of my poverty, I am unable to pay the \$455 filing and docketing fees for filing an appeal; and (3) that I believe I am entitled to relief. The nature of my appeal and the issues are briefly stated as follows:

In further support of this application, I answer the following questions:

1. Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?

Yes \_\_\_ No \_\_\_

**If so, how many times?**

Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes \_\_\_ No \_\_\_

**If so, how many of them?**

2. Place of confinement of plaintiff or petitioner:

3. Crime(s) for which you have been convicted, date and sentence on each:

4. Are you presently employed? Yes \_\_ No \_\_

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

5. Have you received, within the past twelve (12) months, money from any of the following sources?

Yes	No	Business, profession or form of self-employment?
Yes	No	Rent payments, interest or dividends?
Yes	No	Pensions, annuities or life insurance payments?
Yes	No	Gifts or inheritances?
Yes	No	Any other sources?

If the answer to any of the above is "yes," describe the source and amount of money received from each during the past twelve (12) months.

6. Do you own any cash, or do you have money in a checking or savings account? Include any funds in prison accounts during the last six (6) months. Yes \_\_ No \_\_

If the answer is "yes," state the total amount of cash owned, and the average monthly balance in all checking, savings or prison accounts during the last six (6) months.

7. Do you own real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes \_\_ No \_\_

If the answer is "yes," describe the property and state its approximate value.

8. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY SUBJECT ME TO CRIMINAL PROSECUTION, IMPOSITION OF A FINE, OR OTHER SANCTION THAT MAY ADVERSELY AFFECT MY ABILITY TO PURSUE THIS CASE OR OTHER CASES. I HAVE REVIEWED MY ANSWERS TO INSURE THEIR ACCURACY.

Executed (signed) this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
(Signature of plaintiff)

NOTE: THIS AFFIDAVIT MUST BE ACCOMPANIED BY A CERTIFIED COPY OF YOUR PRISON ACCOUNT STATEMENT SHOWING THE AMOUNT OF MONEY ON DEPOSIT DURING THE LAST SIX (6) MONTHS. A "CERTIFIED COPY" OF YOUR ACCOUNT STATEMENT IS ONE THAT HAS BEEN CERTIFIED BY AN AUTHORIZED PRISON OFFICER THAT IT IS A TRUE AND CORRECT COPY. FAILURE TO SUBMIT A CERTIFIED ACCOUNT STATEMENT WILL RESULT IN THE DENIAL OF YOUR MOTION TO PROCEED IN FORMA PAUPERIS ON APPEAL.